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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/041,688	01/07/2002	Yong Hua Zhu	LOMAU.143A	5449
	7590 10/01/200 RTENS OLSON & BE		EXAM	INER
2040 MAIN STREET FOURTEENTH FLOOR			GHALI, ISIS A D	
IRVINE, CA 92614		ART UNIT	PAPER NUMBER	
			1611	
			NOTIFICATION DATE	DELIVERY MODE
			10/01/2008	ELECTRONIC

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	10/041,688	ZHU ET AL.	
interview Summary	Examiner	Art Unit	
	Isis A. Ghali	1611	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Isis A. Ghali</u> .	(3)		
(2) <u>Ms. Rose Thiessen</u> .	(4)		
Date of Interview: 16 July 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Ms. Thiessen informed that action mailed 12/18/2007</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)